## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with

plicable fee(s), to: Mail

Mail Stop ISSU Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if re-

appropriate. All further con	pelow or directed otherwise	Patent, advance or	ders and noti	ification	of maintenance fees v	vill be mailed to the current; and/or (b) indicating a sep	correspondence address as
JACOBSON PRI 400 SEVENTH ST WASHINGTON, I	Fee(s) Transmit papers. Each ad have its own cer		have its own certificat	mailing can only be used fis certificate cannot be used al paper, such as an assignme of mailing or transmission.  rtificate of Mailing or Tran  its Fee(s) Transmittal is bein  with sufficient postage for fit  I Stop ISSUE FEE address  TO (703) 746-4000, on the	smission		
Adjustment date: 06/08 08/19/2004 MAHMED2 00				(Depositor's name)			
01 FC:2501 -665.00 QP					(Signature)		
				-	(Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED IN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/341,700	09/24/1999	KARL-HERMANN SCHI			GENSIEPEN	P63763US0	5460
TITLE OF INVENTION: A 06/08/2005 NBEYENE2 00	NTISENSE OLIGONUCLE 1000095 09341700	OTIDE PREPARA	ATION METI	HOD			
01 FC:2501	700.00 GP						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	IBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$35			\$0	\$35	06/08/2005
EXAMINER		ART UNIT		CL	ASS-SUBCLASS	]	
ZARA,	1635			435-006000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  1. The Address form PTO/SB/122) attached.  1. The Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Biognostik Ges. fur biomolekulare  Diagnostik mbH  2. For printing on the patent attorneys or agents of a registered patent attorneys or agents on a sembler a registered attorney or agents on a sembler a registered attorneys or agents. If no name is listed, no name will be printed.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Gottingen, GERMANY							
Please check the appropriate 4a. The following fce(s) are					Individual 🖾 C	orporation or other private gr	oup entity Government
Issue Fee (35)		70	. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.				
Publication Fee (No s	Payment by credit card. Form PTO-2038 is attached. (35)						
Advance Order - # of	Copies		The Direction Deposit Acce	ector is h	nereby authorized by conber_06-1358	harge the required fee(s), or enclose an extra c	credit any overpayment, to
a. Applicant claims Si	(from status indicated above MALL ENTITY status. See is requested to apply the Issu ublication Fee (if required) vords of the United States Park	e) 37 CFR 1.27.	☐ b. Applic	ant is no	longer claiming SMA	LL ENTITY status. See 37 C y paid issue fee to the applic stered attorney or agent; or t	FR 1.27(g)(2).
Authorized Signature	William	XIA A A				المرابعة June 2005	
	<del></del>	<del>~~~\/\/\</del>		•	J		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name William E. Player

31,409

Registration No. \_